

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004260

FILED
Apr 20, 2011
Secretary of State

Entity Name: UNIVERSITY COMMUNITY INDEPENDENT PRACTICE ASSOCIATION, INC.

Current Principal Place of Business:

3500 E FLETCHER AVE
SUITE 201
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3500 E FLETCHER AVE
SUITE 201
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3206688 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEACH, COLINS S
3500 E FLETCHER AVE
STE 201
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BEACH, COLIN MD
Address: 15285 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TD
Name: ROSE, JOEL DO
Address: 6101 WEBB ROAD STE #207
City-St-Zip: TAMPA, FL 33615

Title: SD
Name: WATKINS, STANLEY M.D.
Address: 1942 HIGHLAND OAKS BLVD #A
City-St-Zip: LUTZ, FL 335497323

Title: VD
Name: HYATT, HENRY M.D.
Address: 13801 BRUCE B DOWNS BLVD STE 201
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLIN BEACH, MD

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date